Erica Wald


*Vice in the Barracks* offers a detailed account of the regulation of prostitution in British India prior to the 1860s, as well as a convincing plea for the reinstatement of military history within the broader story of colonial rule in British India. Wald focuses in particular on the regulatory systems in place to control sexually transmissible diseases before the Cantonment and Contagious Disease Acts of the 1860s passed in India at much the same time as the controversial Contagious Diseases Acts in Britain. Trawling through an impressive array of archival sources from the three Indian Presidencies, she offers convincing proof that the lock hospital system favoured in early nineteenth-century British India served as the model for regulating sex work after 1858. Regulation, she shows, was widespread across the presidencies, and even after its abolition during the wave of reforms initiated by Bentinck early in the 1830s, lived on in unofficial and piecemeal form, before being formally revived by the new laws of the 1860s. This was a two-fold form of regulation involving both regulated brothels and mandatory treatment, and it was its relatively high cost, Wald argues, rather than any reforming zeal, that precipitated abolition in the early 1830s. Yet, as she shows, the government of India turned a blind eye to the many localised versions of the system which quickly emerged after abolition. Sensitive to timing, Wald sees no random coincidence in the rise of dispensaries in India at much the same time that the early era of regulation was closed down. She sees the dispensary replacing the hospital as the locus of treatment, an interesting and provocative idea, that certainly would have resulted in lower costs since it would have replaced hospitalisation with out-patient treatment. The Company constantly looked for the cheapest way to conduct its business, even while acutely aware of its reliance on its military wing. Military and indeed civil officials argued that Company control of that trade made economic as well as military sense.

While I think she is right to stress these economic concerns which were the constant refrain of government agencies across the board, I am not yet fully convinced that the economic pull was so strong that we should wholly discount the culture of reform in 1830s India. Many of the laws Bentinck introduced, and the systems he hoped (mostly fruitlessly) to abolish, were in the arena of moral reform to which prostitution also was understood to belong,
and the timing of the abolition seems to me no more a coincidence than the establishment of the dispensaries which Wald sees as so critical.

The system she describes differed in critical respects from the one which would be enforced between the 1860s and the late 1880s, which also attracted criticism for its price tag, and which was mostly a rather more elaborate affair. Early regulation, as Wald describes it, relied far more on indigenous cooperation, both from a network of locals involved in identifying the disease in women, and from Indian medical staff in the hospitals. In the 1860s and later, mistrust of having locals involved in running the system was commonplace, and though Wald notes this caginess about Indians as a growing trend, the system she describes in these early years clearly relied on the reporting of disease by local police and peons as well as brothel keepers (delicately termed “matrons”). In later years, both soldiers and brothel women were subject to frequent routine examinations by European medical personnel and hospitalisation was routine. Cost continued to be a sticking point; the Army Estimates presented to Parliament annually invariably aroused protest among the thrifty-minded.

Neither system did much to reduce the incidence of military venereal disease, and for Wald the critical question is why, given the palpable failure of the system to arrest its spread amongst the European troops it aimed to protect, were officials so anxious to maintain this form of regulation? One might argue that they had little else in their arsenal to which to turn, and that the habits of military life made a disciplinary response appear appropriate. But Wald’s insistence that assumptions about both class and race made its implementation feasible is also an important part of the explanation. Soldiers were held in contempt as hard-drinking, ill-educated ruffians given to sexual excess while Company officials classified Indian women as sexually irresponsible vectors of disease. As Wald notes, military and medical leaders argued that the failures of the regulation system lay with the behaviours of these two groups rather than with the system itself. The identical argument would be made in the late nineteenth century whenever the statistics of disease suggested that the problem was not under control.

Wald resists the temptation to speculate about the broader tendency of military commands to put into practice policies which fly in the face of evidence, but given this emphasis in her carefully-hewn work, she might well have been justified in that liberty. The obdurate belief in the efficacy of a system which palpably did not get results repeats down the ages in the military context—in wars such as the Crimean and the First World War as well as in colonial contexts.